

A Case of a Foreign Body – Surgical Linen Left in the Abdominal Cavity 25 Years Earlier During Caesarean Section

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Mrs. Khilona Bai aged 43 yrs. from rural area of Shahdol District of M.P. was admitted to Medical College Jabalpur on 19.12.98 with complaints of lump in lower abdomen, dysmenorrhoea and menorrhagia from last 4 months. Regarding obstetric history she was para 2 with 1 living female 26 years old, both being caesarean deliveries. 2nd Caesarean section was done 25 years back by General Surgeon in District Hospital for obstructed labour, baby died just after birth and she was told that it was a difficult operation and there was severe blood loss during caesarean section.

There was a history of hypertension and attack of hemiparesis 6 years back.

General Examination :

Pallor +

B.P. 180/120 mm of Hg.

Rest N.A.D.

Per abdomen – A lump in hypogastric region arising from pelvis.

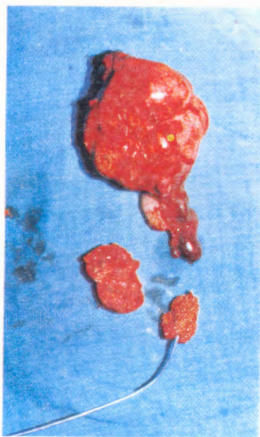


Fig 1: A case of a foreign body, surgical linen left in abdominal cavity 25 yrs back

There was a separate lump about 1" x 1" firm intra peritoneal in right iliac fossa just above inguinal ligament

Per vaginum- lump in hypogastric region was diagnosed as fibroid and lump in right iliac fossa was high up, felt with difficulty through right fornix, fixed and firm.

Patient brought U.S.G. –showing fibroid

In repeat U.S.G. in medical college lump in right iliac fossa was suspected as lymph gland

FNAC done-report shows chronic inflammatory cells.

D and C done HPR shows oestrogen phase No evidence of malignancy, ESR-80 mm of Hg.

After controlling her BP patient was taken for laparotomy. After opening abdomen it was found that urinary bladder was adherent to anterior uterine wall high up with dense adhesion. There were omental and bowel adhesions on right side. Fallopian tube and ovary of right side was identified. Omental adhesions were separated out carefully to avoid injury to bowel and ureter. It was looking like inflammatory granulation tissue. After dissection it was detected to be foreign body granuloma formed by a sponge (linen) which was left during last caesarean section 25 years back. Sponge was taken out. Hysterectomy done as usual. Previous caesarean section was classical and during separation urinary bladder was opened which was repaired.

Post operative period was uneventful.

A retained surgical sponge in peritoneal cavity is an occasional complication of surgery, more during emergency and difficult operations. The foreign body can result in mild abdominal pain and can even lead to lethal complications and medico legal problems